The Federation’s mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world’s largest humanitarian organization and its millions of volunteers are active in over 181 countries.

**In Brief**

**Appeal No. 05/2004; Operations Update no. 01; Period covered: March to April 2004; Appeal coverage: 3.3%** [Click here to go directly to the attached Contributions List, also available on the website).

**Appeal history:**
- Launched on 20 February 2004 for CHF 4,968,000 (USD 3,974,400 or EUR 3,184,600) for nine (9) months to assist 283,000 beneficiaries.
- Disaster Relief Emergency Funds (DREF) allocated: N/A

**Outstanding needs:** CHF 4,807,800 (USD 3,775,300 or EUR 3,082,000)

Please note that the values for Appeal coverage and Outstanding needs refer to the overall Appeal response; individual amounts per country are not presented in this Update.

**Related Emergency or Annual Appeals:**
- Angola: 2004 Annual Appeal no. 01.11/2004
- Democratic Republic of Congo (DRC): 2004 Annual Appeal no. 01.43/2004
- DRC: Cholera in Mbuji-Mayi - Emergency Appeal no. 21/2003
- Zambia: 2004 Annual Appeal no. 01.19/2004

**Operational Summary**

In response to the very low donor response to this Appeal, UNHCR convened a consultative meeting; it was attended by the Government of Zambia, the Zambia Red Cross Society and the Federation. A resolution was passed to scale down the planned activities and narrow the geographical coverage; activities and expected results have been revised and will now focus in the Nangweshi and Mayukwayukwa regions of Western Zambia and will target only 30,000 beneficiaries.

The individual Appeal budget is not being revised at this time; however, country-by-country operational budgets are being adapted to reflect the impact of this low donor response. The Federation and the Zambia Red Cross urge donors to support this operation in its efforts to address the humanitarian needs.
Operational developments

The scheduled repatriation of Angolan refugees was temporarily suspended due to heavy rains that made exit roads impassable. By September 2003, when the repatriation exercise was halted, some 18,000 refugees had been voluntarily repatriated leaving 20,000 in camps and 10,000 spontaneously settled in the refugee hosting areas of Nangweshi and Mayukwayukwa in Western Zambia. UNHCR anticipates resuming repatriation exercise soon after the current rainy spell, expected to last until May 2004. The Government of Zambia will facilitate integration of the residual caseload in the local community through provision of permanent residency status and possible eventual naturalization for deserving cases.

Through the Zambia Initiative Programme (ZIP)\(^1\), the Government of Zambia supported by partners will meet the social and infrastructural needs of the remaining refugees, thereby building a sustainable future for Angolan refugees together with their host-communities. ZIP provides a tool for the UNHCR in Zambia for engaging multi and bilateral development assistance donors, other UN Agencies and NGOs to address the development needs of the spontaneously settled refugees and the neighbouring (or refugee hosting) communities. This Appeal is a contribution to ZIP; the Zambia Red Cross is a member.

Based on low donor response to date for this Appeal, a consultative meeting was held between the Government of Zambia, UNHCR and Zambia Red Cross and the Federation to review the status of the operation and adapt activities as needed. The following recommendations were adopted as part of implementation strategy for Zambia Red Cross and the Federation:

- Review the geographical coverage of the operation and beneficiary caseload\(^2\) and focus activities in Nangweshi and Mayukwayukwa in Western Zambia. (Western Zambia has a long history of hosting refugees). The region is home to the Nangweshi refugee camp and the Mayukwayukwa settlement hosting mainly

---

1. The Zambia Initiative Programme established under the auspices of the government is aimed at alleviating and mitigating the negative impact of hosting refugees, to compensate for under-development and ease tensions between the refugee population and the hosting community. The programme is also looking at the aspect of development through local integration for the refugees. Coordinated by the government, ZIP brings together different NGOs, donors, local community and other stakeholders involved in the programme.

2. Original caseload (beneficiaries) in Zambia was 50,000; based on consultative meetings, this was reduced to 30,000.
Angola, Democratic Republic of Congo, Zambia: Angola Returnees and Host-Community Care; Appeal no. 05/2004; Operations Update no. 1 – Focus on Zambia

Angolan refugees. A total of 30,000 persons are expected to benefit directly or indirectly from the project. This includes 10,000 refugees who live in the two settlements, having spontaneously settled along the border areas, as well as in the local villages surrounding the settlements. Western Zambia is also characterised by challenging geographical and climatic conditions. It has poor infrastructure, declining standards of living conditions and low production levels. Morbidity and mortality are on the increase following the upsurge of HIV/AIDS and related opportunistic diseases.

• Review ‘Sector Activity Plan’ and focus only on HIV/AIDS home-based care projects, WatSan and community health care interventions. A team comprised of representatives from the Government of Zambia, the Zambia Red Cross and the Federation are presently carrying out a baseline survey in Western Zambia to determine activities and implementation methodologies.

• Initiate a Memorandum of Understanding (MoU) between the Government of Zambia, UNHCR, Zambia Red Cross and the Federation that will clearly define roles and responsibilities of partners under the auspices of ZIP. The Zambia Red Cross and the Federation envisage the possibility of accessing government funding for implementing HIV/AIDS home-based care projects.

Red Cross and Red Crescent action - objectives, progress, impact

Although notable achievements may have been experienced since the beginning of March 2004, humanitarian actions have been affected by serious under-funding that has limited the scope and impact of programmes.

Some agencies carried funds forward from their refugee operations. Limited resources, a result of limited donor response, have forced Zambia Red Cross and the Federation to review their Appeal, to prioritize their activities and to scale down as necessary. Zambia Red Cross reduced its caseload to ensure meeting the most urgent needs among priority groups and regions.

Despite these limitations in funding, the following has occurred:

• Zambia Red Cross has engaged an experienced Programmes Coordinator to oversee implementation of activities.

• The Government of Zambia has seconded one agronomist and two environmentalists to support Zambia Red Cross and the Federation in the implementation of the programme.

• The Zambia Red Cross provincial office in Mongu was refurbished and is being utilized as the operational base. ICRC is expected to provide radio communication equipment; the project will cover minimum costs for installation.

• Twenty-three (23) Zambia Red Cross volunteers have been trained as health information technicians and counsellors. Recruitment of more volunteers will be pursued once implementation of activities commences.

• As the Appeal was launched, ECHO was approached for funding of a long-term project proposal. After discussions with ECHO representatives, the preliminary feedback is encouraging.

• Under the WatSan sector, Zambia Red Cross was compelled to utilize cholera intervention funds for hygiene promotion in an uneven geographical coverage, with some hard-hit areas receiving no support at all.

In the area of HIV/AIDS, planned outreach activities and services to vulnerable populations, including PLWHA have been delayed. A baseline survey has been undertaken to determine level of intervention following low funding levels.

Efforts to promote an integrated approach addressing the multiple causes of vulnerability were undermined by the low donor response. In support of ZIP and to address the Appeal coverage, the following will be given highest priority:

• Promotion, awareness and prevention of HIV/AIDS through the home-based care activities in Nangweshi and Mayukwayukwa in Western province;

• Provision of health care activities to target communities in the areas surrounding the refugee settlements of Nangweshi and Mayukwayukwa to reduce the incidence of malaria and measles.

3 CARE International, World Vision International, CONCERN International
Provision of safe and clean WatSan services to target beneficiaries in Nangweshi and Mayukwyukwa to reduce morbidity and mortality from water-related diseases.

The original objectives, activities and expected results for Zambia within this Appeal have been modified. These are restated below and reflect the changes that resulted from the above-mentioned consultative meetings.

Objective 1: (WatSan): Reduce morbidity and mortality from water-related diseases by raising water supply, sanitation and hygiene standards to SPHERE standards in the target provinces.

Activities:
- Establish WatSan committees in the target communities, and involve them in identifying and supporting locations for activities
- Provide safe drinking water to the target communities through the rehabilitation of 100 open wells and drilling of ten new boreholes;
- Improve access to sanitation by promoting community construction of 500 family latrines and by casting and distribution of 1,500 SanPlats.
- Construct 30 VIP for schools and health centres.
- Support maintenance of water supply systems through water sanitation committees.
- Distribute 2,000 water containers and water purification tablets to host population;

Expected results:
- Existing water points have been rehabilitated and construction of new wells and bore holes is completed in compliance with SPHERE standards.
- WatSan services provided to target communities are compliant with SPHERE standards.
- Capacity of Zambia Red Cross to implement and manage WatSan projects is enhanced.
- Safe and sanitary handling of water at source and in the household is improved.
- Safe and sanitary disposal of solid waste and human excreta is improved.
- Water containers are procured and distributed according to plan.
- WatSan committees are established and are capable of managing existing water points and latrines.


Activities:
- Increase the number of health workers trained in counseling and home-based care activities;
- Monitor the implementation of VCT services and establish surveillance system in close cooperation with government institutions and other NGOs;
- Sensitize local population and mobilize community to improve access to condoms, especially female condoms;
- Train 55 peer educators and procure educational material for their use in the target communities.

Expected results:
- Knowledge and awareness of HIV/AIDS among the host community are increased, resulting in a marked change in behaviour.
- Condoms are procured and distributed to the identified communities.
- Incidence rates for HIV/AIDS /STI are reduced.
- HIV/AIDS testing kits are procured for target groups and distributed through well-established government health centres.

---

4 SanPlat (sanitation platform) is a concrete latrine slab that can be integrated into any existing traditional latrine system.
5 VIP - ventilated improved pit latrines
• Persons living with HIV/AIDS have received and benefited from home-based care, counseling and psychological support.
• HIV/AIDS projects are well integrated in Zambia Red Cross programmes.

Objective 3: Community-based health: Provide basic health services to the target communities in the areas surrounding the refugee settlements in Mayukwayuklwa and Nangweshi regions, thereby reducing the incidence of malaria and measles and improving the nutritional status, particularly for children under five years.

Activities:
• Collect baseline data, under the auspices of the national task force.
• Build the capacity of health care providers by training 60 community health volunteers.
• Promote social mobilization activities in support for measles vaccination campaigns.
• Promote health and hygiene education, and promote the household use of ITN.\(^6\)
• Provide de-worming medicine and vitamin A supplements.
• Conduct nutrition education and promote locally grown foods.

Expected results:
• ITN are used by 80% of families in target communities.
• Morbidity due to malaria reduced.
• Sixty community health volunteers and peer educators trained
• Nutritional status of children under five is improved; 80% have access to immunization.

Contributions list below.

Click here to return to title page;
Click here to return to contact information.

---
\(^6\) ITN – Insecticide-treat mosquito nets.
**ANNEX 1**

**APPEAL No. 05/2004**

**PLEDGES RECEIVED**

<table>
<thead>
<tr>
<th>DONOR</th>
<th>CATEGORY</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>VALUE CHF</th>
<th>DATE</th>
<th>COMMENT</th>
</tr>
</thead>
</table>

### CASH

- **REQUESTED IN APPEAL CHF**: 4,968,000
  - **TOTAL COVERAGE**: 3.3%

  - **JAPANESE - RC**
    - Quantity: 131,200
    - Unit: USD
    - Value: 166,165
    - Date: 05.03.04

### KIND AND SERVICES (INCLUDING PERSONNEL)

Note: due to systems upgrades in process, contributions in kind and services may be incomplete.

- **SUB/TOTAL RECEIVED IN KIND/SERVICES**: 0 CHF (0.0%)

### ADDITIONAL TO APPEAL BUDGET

- **SUB/TOTAL RECEIVED**: 0 CHF